



TEXAS TECH UNIVERISTY HEALTH SCIENCES CENTER EL PASO
FABRICATION OF EQUIPMENT AUTHORIZATION

Purchase Order Number _____

Account Number/FOAP _____

Grant/Contract Number _____

Estimated Cost of
Completed Equipment _____

Date of Completion _____

Principal Investigator _____

Contact Person _____

Approval: _____
Property Manager

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Instructions for Completing the

FABRICATION OF EQUIPMENT AUTHORIZATION

1. **PURCHASE ORDER NUMBER** - Please enter the purchase order number if materials are being purchased on a purchase order.
2. **ACCOUNT NUMBER** - Please enter the fund, organization, account and program code (FOAP) that will be used to purchase materials for this project.
3. **GRANT/CONTRACT NUMBER** - Please enter the grant or contract number.
4. **ESTIMATED COST OF COMPLETED EQUIPMENT** - Please enter the estimated cost of the equipment to be fabricated.
5. **DATE OF COMPLETION** - Please enter the date that the project will be completed.
6. **PRINCIPAL INVESTIGATOR** - Please enter the name of the Principal Investigator for the grant or contract.
7. **CONTACT PERSON** - Please enter the name of the person that will be responsible for the acquisition and identification of equipment that will be fabricated for this project.

EMAIL TO: Property Manager at baelp-asset.accounting@ttuhsc.edu